

**LLC/S-CORP/PARTNERSHIP CUSTOMER INFORMATION SHEET**

BUSINESS NAME: \_\_\_\_\_ TAX ID/EIN \_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

IS YOUR BUSINESS LOCATION DIFFERENT THAN YOUR MAILING ADDRESS?  Y  N  
 IF YES, PLEASE FILL IN LOCATION ADDRESS BELOW:

\_\_\_\_\_  
 ADDRESS CITY STATE ZIP

**NEW/FIRST YEAR CLIENTS**

BUSINESS ACTIVITY/TYPE: \_\_\_\_\_ FISCAL YEAR ENDS (MO/DAY) \_\_\_\_/\_\_\_\_

METHOD OF ACCOUNTING:  CASH  ACCRUAL  OTHER

\_\_\_\_\_ YEAR OF FORMATION \_\_\_\_\_ STATE OF FORMATION \_\_\_\_\_ YEAR OF INCORPORATION (IF APPLICABLE)  
 \_\_\_\_\_ YEAR S-ELECTION FILED (IF APPLICABLE)

**BUSINESS ENTITY**

PLEASE SELECT

- LLC \_\_\_\_\_ # MEMBERS  CORP TAXATION  S-ELECTION FILED  
 S-CORP \_\_\_\_\_ # SHAREHOLDERS \_\_\_\_\_ TOTAL # SHARES  
 PARTNERSHIP \_\_\_\_\_ # PARTNERS

**WAS THERE A CHANGE IN OWNERSHIP PERCENTAGE IN THE YEAR?**  YES

**OWNER INFORMATION**—PLEASE LIST PRIMARY CONTACT FIRST (ATTACH LIST IF ADDITIONAL OWNERS)

NAME	TAX ID	ADDRESS	# SHARES/ %OWNERSHIP

**\*\*\*DO YOU HAVE A PARTNERHIP/OWNER AGREEMENT? Y (PLEASE PROVIDE A COPY) N**

**GENERAL INFORMATION**

TYPE OF BUSINESS OR SERVICE:

DO YOU HAVE INVENTORY? YES  NO

DID YOU CLOSE THIS BUSINESS IN 2023? YES

<b>INCOME</b>	\$
GROSS INCOME (include all income from cash, checks, credit cards and other electronic payments.)	\$
PORTION REPORTED ON 1099 K	\$
PORTION REPORTED ON 1099 MISC	\$
REFUNDS/RETURNS	\$

<b>BUSINESS EXPENSES</b>	\$	\$	
<b>ADVERTISING</b> (BUSINESS CARDS, WEB SITE, ADS)	\$	<b>LEGAL AND PROFESSIONAL</b> (TAX PREP, CONSULTING)	\$
<b>AUTO/MILEAGE REIMBURSEMENT</b>	\$	<b>LOCAL MEALS</b>	\$
<b>BANK FEES AND CHARGES/MERCHANT SERVICES</b>	\$	<b>LOCAL TRAVEL</b> (Bus, Uber, etc, within city you live.)	\$
<b>COMMISSIONS AND FEES</b>	\$	<b>OFFICE AND POSTAGE/SHIPPING</b>	\$
<b>CONTRACT LABOR</b> 1099? <input type="checkbox"/> , ISSUED? Y <input type="checkbox"/> N <input type="checkbox"/>	\$	<b>PARKING/TOLLS</b>	\$
<b>COST OF GOODS SOLD—SEE PAGE 3</b>		<b>RENT</b> (Do not include rent for your home)	\$
<b>DUES AND SUBSCRIPTIONS</b>	\$	<b>REPAIRS AND MAINTENANCE</b>	\$
<b>EMPLOYEE BENEFITS</b>	\$	<b>SOFTWARE</b>	\$
<b>EMPLOYEE HEALTH INSURANCE</b>	\$	<b>SUPPLIES AND SMALL TOOLS</b> (LESS THAN 1 YEAR LIFE)	\$
<b>EQUIPMENT—PLEASE SEE PAGE 3</b>		<b>TAXES AND LICENSES</b> (TRIMET, CITY OF PDX, OFFICE PROPERTY TAX, BUSINESS LICENSE)	\$
<b>HEALTH INSURANCE</b> (EMPLOYEES)	\$	<b>TAXES--PAYROLL</b>	\$
<b>HEALTH INSURANCE</b> (OWNER/PARTNER)	\$	<b>TRAVEL—SEE OTHER SIDE</b>	
<b>HOME OFFICE REIMBURSEMENT</b>	\$	<b>UTILITIES</b> (RENTED/OWNED OFFICE SPACE—NOT HOME OFFICE—GAS, ELECTRIC, TRASH, WATER, INTERNET/TV, TELEPHONE, SECURITY)	\$
<b>LIABILITY INSURANCE/BOND</b>	\$	<b>UTILITES—CELL PHONE</b>	\$
<b>INTEREST</b> (BUSINESS CREDIT CARDS, LOANS)	\$	<b>WAGES:</b> Please provide an annual payroll summary	
<b>LAUNDRY/CLEANING/JANATORIAL</b>	\$	<b>OTHER:</b>	\$

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**TRAVEL**

CITY	# OF DAYS	AIRFARE	HOTEL	BUS/TAXI	CAR RENTAL	FUEL	OTHER

**EQUIPMENT**

DESCRIPTION OF ITEM	DATE PURCHASED	COST
		\$
		\$
		\$
		\$
		\$
		\$

**COST OF GOODS SOLD**

DO YOU MANUFACTURE OR PRODUCE A PRODUCT FOR SALE TO CUSTOMERS	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU MAINTAIN INVENTORY	YES <input type="checkbox"/> NO <input type="checkbox"/>
STARTING INVENTORY	\$
PURCHASES LESS ITEMS WITHDRAWN FOR PERSONAL USE	\$
COST OF LABOR TO MANUFACTURE OR ASSEMBLE GOODS	\$
MATERIALS AND SUPPLIES	\$
ENDING INVENTORY	\$

NOTES :

# BALANCE SHEET

## BANK ACCOUNT BALANCES

ACCOUNT	BALANCE 1/1/2023	BALANCE 12/31/2023
BUSINESS CHECKING		
BUSINESS SAVINGS		
CREDIT CARD 1		
CREDIT CARD 2		
CREDIT CARD 3		

## LOAN BALANCES

PLEASE INCLUDE BALANCES FOR ALL BUSINESS LOANS (AUTO, EQUIPMENT, BUSINESS)

LOAN DESCRIPTION	BALANCE 1/1/2023	BALANCE 12/31/2023

## LOANS TO OWNERS/PARTNERS

OWNER/PARTNER NAME	INTEREST RATE	BALANCE 1/1/2023	BALANCE 12/31/2023

## DISTRIBUTIONS

PLEASE GIVE A TOTAL AMOUNT TAKEN OUT OF THE BUSINESS IN 2023 FOR EACH OWNER/PARTNER

NAME	CASH RECEIVED	VALUE OF GOODS RECEIVED

**CITY OF PORTLAND/MULTNOMAH COUNTY** (OR ATTACH QUICKBOOKS REPORT "Income by Client Summary" and indicate which clients billing address or work location is in City of Portland/Multnomah County)

SALES TO CLIENTS IN THE CITY OF PORTLAND \$

SALES TO CLIENTS IN MULTNOMAH COUNTY \$